

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	(Through numeral) Cancelled	<input type="checkbox"/>	N	Non-Elected	<input type="checkbox"/>	A	Appeal
=	Allowed	=	Restricted	=	I	Interference	=	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
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3		53		103	
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50		100		150	